STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	15G787	A. BUILDING 00 B. WING	09/09/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AWS	5515 TOMAHAWK TRAIL FORT WAYNE, IN46804

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
W0000	This visit was for a fundamental annual recertification and state licensure survey. Dates of survey: September 6, 7, 8, and 9, 2011. Facility number: 012483 Provider number: 15G787 AIM number: 201011380A Surveyors: Kathy Wanner, Medical Surveyor III-Team Leader Susan Reichert, Medical Surveyor III The following federal deficiencies also reflect state findings in accordance with 431 IAC 1.1. Quality Review completed 9/16/11 by Ruth Shackelford, Medical Surveyor III.	W0000		
W0104	The governing body must exercise general policy, budget, and operating direction over the facility. Based on record review and interview, the governing body failed to establish a system for payment of client liability, for	W0104	AWS does not require the clients to pay fees, they are charged by the bank as account fees. AWS has informed all guardians and	10/09/2011

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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	those clients whom the facility was representative payee which enabled the clients to pay their liability without requiring the clients to pay a money order or cashier's check fee for 3 of 4 sampled clients (clients #1, #3, and #4). Findings include: The financial record for client #1 was reviewed on 9/7/11 at 11:48 A.M. and indicated the following: On 6/27/11 client #1 paid an $8.00 fee for a cashier's check to pay her client liability. On 7/26/11 client #1 paid a $4.00 fee for a money order to pay her client liability. The bank statement for client #1 indicated the name on the bank account was in the name of client #1 and the facility. Client #1's financial record indicated the following financial agreement dated 12/20/10: "I give [name of facility] staff the right to open maintain, and close accounts at [name of bank] according to the bank's Consumer Account Agreement. I also understand and agree to the condition that the signatures of the designated [name of facility] staff representatives are the only authorized signors for my checking and/or savings accounts that will be accepted by my financial institution."		clients of the bank fees associated with their banks accounts at the time they chose AWS to become their Representative Payee. AWS does not maintain bank accounts for any consumer who we are not representative payee for. A form will be mailed to all consumers and their guardians who have chosen AWS to be their Social Security Representative Payee about their bank fees. This will be signed and returned as proof that they have been informed and agree to the payment of bank fees that will be associated with their account and that AWS will make every effort to minimize fees while providing maximum account security per the Social Security Representative Payee Guidelines. The Residential Director will maintain all forms and make certain they are in the financial section of the clients file for review.	

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	The financial record for client #3 was reviewed on 9/7/11 at 11:48 A.M. and indicated the following: On 5/10/11 client #3 paid two $4.00 fees for 2 (two) money orders to pay her client liability. On 7/26/11 client #3 paid a $4.00 fee for a money order to pay her client liability. The bank statement for client #3 indicated the name on the bank account was in the name of client #3 and the facility. Client #3's financial record indicated the following financial agreement dated 12/20/10: "I give [name of facility] staff the right to open maintain, and close accounts at [name of bank] according to the bank's Consumer Account Agreement. I also understand and agree to the condition that the signatures of the designated [name of facility] staff representatives are the only authorized signors for my checking and/or savings accounts that will be accepted by my financial institution." The financial record for client #4 was reviewed on 9/7/11 at 11:48 A.M. and indicated the following: On 6/27/11 client #4 paid an $8.00 fee for a cashier's check to pay her client liability. On 7/26/11 client #4 paid a $4.00 fee for a money order to pay her client liability. The bank statement for client #4 indicated the name on the bank account was in the name of			

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	client #4 and the facility. Client #4's financial record indicated the following financial agreement dated 12/20/10: "I give [name of facility] staff the right to open maintain, and close accounts at [name of bank] according to the bank's Consumer Account Agreement. I also understand and agree to the condition that the signatures of the designated [name of facility] staff representatives are the only authorized signors for my checking and/or savings accounts that will be accepted by my financial institution." The Area Regional Residential Director (ARRD) was interviewed on 9/7/11 at 12:00 P.M.. When asked about the clients paying fees for money orders and cashier's checks to pay their liability payments, the ARRD stated, "It is a bank fee. The client accounts are set up according to federal regulations." 1.1-3-1(a)			
W0149	The facility must develop and implement written policies and procedures that prohibit mistreatment, neglect or abuse of the client.			

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	Based on record review and interview, the facility failed to ensure the direct care staff were following the Group Home Abuse and Neglect Policy as indicated in 1 of 24 Bureau of Developmental Disabilities Services (BDDS) reports for 1 of 4 sampled clients (client #1). Findings include: Facility records were reviewed on 9/6/11 at 3:09 P.M. including the BDDS reports between the dates of 1/13/11 and 9/6/11. The BDDS reports indicated the following: - a BDDS report dated 3/26/11 for an incident on 3/25/11 at 8:42 P.M. indicated "On 3/25/11 it was reported to the Residential Director (RD), that a staff member at [client #1's] group home spoke in an inappropriate manner towards [client #1]." The staff was put on administrative leave, and a formal investigation was initiated. - a BDDS follow-up report dated 4/1/11 indicated the alleged verbal abuse was substantiated and the staff's employment was terminated. During the course of the investigation another incident of possible abuse was reported by one of [client #1's] housemates on 3/26/11. The housemate	W0149	AWS has a policy for the prevention and reporting of Abuse and Neglect. The staff who violated that policy was suspended pending the investigation and terminated from employment with AWS once the allegation was substantiated. All staff have received a refresher training on the Abuse and Neglect policy and their obligation to report. The clients were also reminded about telling a supervisor if anything unusual or uncomfortable occurred in the home. Post-tests were given to staff to ensure their understanding of the policy and their obligation to report immediately Ongoing compliance will be monitored by the Residential Director.	10/09/2011

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	could not remember the staff person's name so all staff who worked on 3/26/11 were put on leave. Multiple clients and one staff member confirmed a staff who was "braiding [client #1's] hair ... using a spray bottle... and sprayed her (client #1) in the face." Due to the "inappropriateness of the interaction the staff's employment was terminated." The staff who witnessed the incident, but did not report it, was also terminated from employment with the facility. The facility Group Home Abuse and Neglect Policy dated 3/11, was reviewed on 9/7/11 at 1:19 P.M.. The policy indicated the following: "[Name of facility] does not tolerate abuse in any form by any person. This includes physical abuse, verbal abuse ...if any staff witnesses, observes or suspects abuse or neglect of a client, they are to report this immediately to their supervisor and the [name of facility] RD." An interview was conducted with the RD on 9/8/11 at 5:00 P.M.. When asked if staff had followed the agency policy the RD stated, "No." The RD indicated they had completed an investigation and the allegation was found to be substantiated and all three staff had been terminated from employment with the facility.			

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	1.1-3-2(a)			